

Delaware's Health Insurance Marketplace: Update on Activity

Delaware Health Care Commission
December 4, 2014

Secretary Rita Landgraf,
Department of Health and Social Services



ChooseHealth
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Agenda

- Medicaid update
- Open Enrollment reporting
- Marketplace Guide activity
- Enrollment stories
- Key Dates
- Penalty
- Outreach and Communications update
- Plan Management update
- QHP Standards for Plan Year 2016
- Proposed Federal Rules

Medicaid Newly-Eligible Enrollment Update

- Since the start of open enrollment more than a year ago, 9,315 individuals have enrolled in Medicaid through the expansion.
- This is an increase of 3.5% over last month's total.

23,612 Delawareans have enrolled in health care coverage through expanded Medicaid and the Marketplace since October 1, 2013

Open Enrollment Reporting

- HHS Secretary Burwell announced yesterday that more than 1.5 million Americans in 37 states had applied for health care coverage through HealthCare.gov in the first 2 weeks of open enrollment, with more than 765,000 selecting a health plan.
- Delaware utilizes healthcare.gov, the enrollment system of record, for enrollment data and reporting.
- We anticipate monthly reports on numbers of enrollees from Delaware and will report those to the Health Care Commission at each meeting following their release by the Federal government.

Marketplace Guide Activity



- Marketplace Guides are available to assist consumers with applications and enrollments in locations across the state, 7 days a week. Visit www.ChooseHealthDE.com for the most up-to-date listing of times and locations
- Since the beginning of open enrollment, Marketplace Guides have helped consumers complete at least 118 enrollments and 31 renewals; Federal Navigators have helped consumers complete 49 enrollments and 11 renewals
- Guides also made 115 referrals to Medicaid in November

Last year, Marketplace Guide-assisted enrollments accounted for approximately 10% of enrollments in Delaware.

Stories from the Ground



- Felipe Hernandez of Wilmington, who spoke about the importance of his coverage at the Nov. 14 marketplace kickoff event, renewed his plan. Felipe said with his marketplace coverage he can afford the medications to manage his high blood pressure and high cholesterol.
- A 48-year-old certified nursing assistant from New Castle lacked affordable coverage to help manage her diabetes and hypertension. With help from guides at Brandywine Women's Health Associates, she was eligible for tax credits that lowered her premium to \$75 a month.



Stories from the Ground

- A 58-year-old Wilmington man said his private coverage is increasing from \$177 a month to \$500 a month. He can't afford the increase, and said he would pay the penalty and take his chances because he is in good health.
- A Wilmington woman who did not qualify for a tax credit chose medical and dental plans. Her employer offers health insurance but the cost was over the 9.5% of income benchmark. She mentioned she couldn't wait to see a provider and would have a hard time holding on until coverage begins Jan. 1, so the Westside marketplace guide told her about their health center and the sliding fee scales based on income.



A Wilmington woman who stopped by a Westside Family Healthcare enrollment event, said she lost her health insurance about 2 years ago after her divorce. With a tax credit applied, she will pay \$28 a month and is appreciative to have coverage again.

Key Dates

Date	Milestone
December 15, 2014	<ul style="list-style-type: none">• Deadline to enroll for coverage to begin on January 1, 2015• Last day for employers to enroll in SHOP without the minimum employee participation requirement (70%)
December 31, 2014	All Marketplace Plans will expire regardless of when a consumer enrolled
January 1, 2015	First date of coverage for those completing enrollment by December 15, 2014
February 15, 2015	Open Enrollment for coverage in 2015 ends

- Medicaid enrollment is open all year.
- Only those with qualifying life events, such as birth/adoption of a child, loss of minimum essential coverage, aging out of parents' insurance at age 26, etc., may enroll in the Marketplace after February 15th.

Penalty

Under the ACA, if individuals do not have minimum essential coverage or receive an exemption, they will be subject to an individual shared responsibility payment—a penalty.

- **In 2014, the penalty is \$95 per uninsured adult (\$47.50 per child) or 1% of household income, whichever is higher.** (Only the amount of income above the tax filing threshold, \$10,150 for an individual, is used to calculate the penalty.) This will be paid on an individual's 2014 taxes (filed in 2015).
- **In 2015, it's 2 percent of income or \$325 per uninsured adult (\$162.50 per child under 18), whichever is higher.** This will be paid on an individual's 2015 tax return (filed in 2016).
- **In 2016, the penalty will be 2.5% of income or \$695 per person, whichever is greater. In 2017 and beyond, the penalty will increase by the rate of inflation or will be 2.5% of income, whichever is greater.**

It's important for individuals to remember that even if they pay the penalty, they still don't have any health insurance coverage and are responsible for 100% of the cost of their medical care.


Penalty Calculator

What will it cost me? | Ch... x

www.choosehealthde.com/Health-Insurance/Individuals-And-Families/Cost

Apps Osmek » Home ASP ADP Self Service Por... AHealthyMe

Individuals & Families Business Owners Providers & Partners


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What will it **cost** me?


Tax Penalty Calculator

2014/2015 Rates


Next Steps:

 What if I need help with the process?

 Get Email Updates

 Need Help?

HC.gov Visit HealthCare.gov for more information on **getting lower costs** on coverage.

 Visit the Delaware Office of Insurance for more

Not having health insurance is against the law. If you don't have it, you'll pay a costly penalty*—a penalty that gets larger every year you don't have health insurance. Calculate what yours might be below.

*Some people who don't have health insurance may be exempt from paying a penalty.

My adjusted gross income (AGI):

\$

This is the amount you make each year that you use on your tax return.

My tax filing status:

--Choose--

My household size:

Total: **Under age 18:**

Calculate »

Instead of paying the penalty and receiving no benefits, with an affordable insurance plan that provides the minimum essential coverage, you could have health insurance that covers:

- Prescription Drugs
- Outpatient care
- Emergency services
- Hospital services
- Maternity and newborn care
- Mental Health Services
- Blood work and lab services
- Routine shots and screenings
- Help with chronic diseases like diabetes
- Dental and vision care for your children
- Substance abuse services

www.choosehealthde.com/Health-Insurance/Individuals-And-Families/Cost

4:03 PM 12/2/2014

Outreach Update



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ChooseHealthDE.com Activity

- From November 1-30, thousands of consumers visited www.ChooseHealthDE.com
 - 6,782 sessions (unique visits)
 - Average of 3.5 pages visited per session
 - Average session duration of 2:31
- Our digital media campaign has also driven traffic to our website
 - An additional 3,259 sessions came from banner ads
 - Average of 2 pages visited per session
 - Average session duration of 1:23
- ChooseHealthDE.com has referred over 730 people to HealthCare.gov

Partner Meetings Across the State

- The Marketplace team is scheduling a second round of community and stakeholder meetings in December.
- RSVP to Lisa Moore at Lisa.D.Moore@state.de.us

<u>Date</u>	<u>Time</u>	<u>Location</u>	<u>Address</u>
Thursday, December 4, 2014	1:00-3:00pm	Delaware State University, MLK Student Center, Glass Lounge	1200 N. Dupont Hwy, Dover
Tuesday, December 9, 2014	2:00-4:00pm	Nanticoke Health Services, First Floor Medical Staff Conference Room	801 Middleford Road, Seaford
Wednesday, December 10, 2014	9:00-11:00am	Beebe Health Campus Rehoboth Beach, Medical Arts Center Conference Room	18947 John J. Williams Hwy, Rehoboth Beach
Thursday, December 11, 2014	10:00am-12:00pm	Delaware Hospice	100 Patriot's Way, Milford
Friday, December 12, 2014	1:00-3:00pm	DHHS Herman Holloway Campus, Springer Building, Training Rooms 1&2	1901 N. Dupont Highway, New Castle

Plan Management Update

Multi-State Plans – Individual Marketplace

- The Office of Personnel Management recertified the two Multi-State Plans (MSPs) available on healthcare.gov in Delaware:
 - One Silver and one Gold, both offered by Highmark Blue Cross Blue Shield of Delaware
- This increases the number of medical plans available to Delawareans to 25.

QHP Standards for Plan Year 2016

QHP Standards for Plan Year 2016

- Following a formal Public Comment Period, the QHP Standards Workgroup developed a final list of recommendations for Plan Year 2016
- Recommendations were presented to the Commission on November 6, 2014 for review

Summary of Recommendations

- Adds clarifying language regarding which standards applied to SADPs and for consistency purposes
- Recommends new Geo Access standards for PCPs and several specialty practice areas including mileage standards for Urban/Suburban and Rural members
- Provides a standard for providing access to out-of-network providers and services
- Defines what types of sub-categories of providers are to be listed in provider directories and how often they are to be updated

Summary of Recommendations

- Requires each network to have at least 1 FTE behavioral health provider per 2,000 members
- Clarifies how plans must calculate patient ratios
- Defines telehealth and provides for the reimbursement of such services
- Requires plans to offer one Pay-for-Value and one Total Cost of Care payment model; indicate how payment is tied to common scorecard; and support reporting for scorecards
- Requires plans to establish and implement policies to support integration of behavioral health with medical health

2016 QHP Standards: Next Steps

- Commissioners will vote on the recommendations today
- Prior to December 31, 2014, the DOI will notify the Issuers when the final standards are posted to the HCC website

Proposed Federal Rules

HHS Proposed Rulemaking and Potential Changes to the Marketplace

- On November 21st, CMS and HHS released a number of proposed rules and changes related to the Marketplace.
 - The electronic version can be found at <http://www.gpo.gov/fdsys/pkg/FR-2014-11-26/pdf/2014-27858.pdf>
- Many of the proposed changes reflect additional consumer protections and align with several of the state's QHP Standards
- HHS is seeking public comments on the proposed rules by 5:00 PM on December 22nd. Comments can be sent electronically via <http://www.regulations.gov>

Highlights of Proposed Changes for 2016

- **Annual Open Enrollment Period:** HHS proposes to set the annual open enrollment period from October 1 through December 15. This would apply both inside and outside the Marketplace for all benefit years beginning in 2016.
- **Maximum Annual Limitation on Cost Sharing (Maximum Out of Pocket):** The 2016 proposed annual limitation on cost sharing is \$6,850 for self-only coverage and \$13,700 for other than self-only coverage.

Highlights of Proposed Changes for 2016

- **Formulary Drug List:** Plans must publish up-to-date, complete lists of all covered drugs on its formulary lists, including any restrictions on the manner in which a drug can be obtained.
- **Drug Exception Process:** HHS proposes a standard review process for issuers through which an enrollee can request and gain access to a drug not on the formulary.
- **Provider Directories:** QHP issuers must publish up-to-date, accurate, and complete provider directories, including which providers are accepting new patients.

Highlights of Proposed Changes for 2016

- **Habilitative Services:** HHS provides a new definition and clarification of habilitative services, which are separate from those of rehabilitative services. This will hopefully minimize variability in benefits and lack of coverage.

Highlights of Proposed Changes for 2017

- **Default Re-Enrollment:** HHS is considering re-enrollment options where a consumer would be defaulted into a lower cost plan rather than their current plan.
- **Essential Health Benefits (EHB) Benchmark Selection:** States would need to select a new benchmark plan for 2017.
 - *QHP standards, which can be changed yearly, govern **how** the plans operate versus **what** the plans cover (EHBs).*

Thank you!